

Dear House Appropriations Committee; Rep. George Cushingberry, Chair.

May 13, 2009

Unfortunately Michigan is seeing horribly tough times, much too similar to the Great Depression. I hope that long-term care does not have to suffer at the hands of this crisis. We have made far too many strides forward.

A result of this proactive progress is the implementation of our state's Single point of Entry (SPE). West Michigan Long Term Care Connections (WMLTCC) is stationed in Grand Rapids, MI – where I live. I understand that statewide numbers have not yet been released concerning the SPEs, but I would like to share some numbers with you concerning my local Single Point of Entry:

For the first quarter of this year, my local SPE;

1. Performed 1,306 LOCD (level of care determination)
2. Received 2,472 calls concerning long-term care for an average of 824 calls monthly

Concerning the LOCD, let's take a look into history here. Prior to the Long Term Care Connections taking this task over November 1, 2007, nursing homes conducted the LOCD. Let's look at some numbers for WMLTCC's 12 county region;

- During calendar year 2006, nursing homes conducted 5,500 LOCD with an approximate denial rate of .5%
- During WMLTCC's FY 2008, they conducted 4,200 LOCD – a 25% decrease with an approximate denial rate of 2.5%

With each nursing home facility resident costing the state approximately \$4500 monthly, WMLTCC saves the state \$4,560,000 in Medicaid costs. Each nursing facility diversion or transition saves the state \$54,000 annually minus the cost of any home/community based waiver services.

Concerning the number of calls the center received with regards to long term care, Advocates for Senior Issues, MI Choice Strategy Group created a brochure with the assistance/approval of WMLTCC and AAAMW concerning Medicaid Waiver. The phone number used in this brochure is that of WMLTCC – a copy is attached to this letter/testimony. The three non-profits felt that this was the best number for those our region to call – for Medicaid Waiver and long term care options.

Let's take a moment to look at the proposed operational budget, and the actual operational budget concerning my local SPE – WMLTCC.

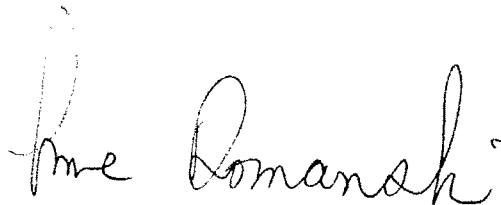
The proposed annual site budget was \$3,400,000. The actual site costs have been lower – with great significance;

- FY2007 - \$1,271,224
- FY2008 - \$2,025,418 (Budget for FY2008 was \$2,635,000)
- FY2009 - \$2,646,127 (includes statewide database administration)

So even if we took this SPE at its original projected site cost, it still more than pays for itself through Medicaid realized savings. The fact is that this program is what Michigan needs concerning smart non-biased long term care options. It also appears to be self-funding through the realized savings.

Let's make good decisions for Michigan – even in these hard times.

Thank you,

A handwritten signature in cursive script that reads "Anne Domanski".

Anne Domanski 2450 Sinclair Ave NE Grand Rapids, MI 49505

Member/volunteer with:

Advocates for Senior Issues

Alzheimer's Association - Greater Michigan Chapter

Council on Aging

Disability Advocates of Kent County (Long-term Care Workgroup)

Dispute Resolution Center of Western Michigan

Regional Bonding Council (Kent County)

Attached: WMLTCC (Single point of Entry) Efficiencies/Cost Benefit FY 2008, Long term Care Connections – Monthly Activities report FY08/09, and brochure – Medicaid Waiver: fact or Fiction?

Long Term Care Connections - Monthly Activities Report

FY08/09

- A. West Michigan Long Term care Connection
 B. Submitted by: Chuck Logie
 C. 13-Apr-09

Version 11-21-08

Services		October	November	December	January	February	March	April	May	June	July	August	September
D. I & A Calls	Long Term Care Contacts	858	696	702	826	846	800	868					
E. Options Counseling Cases	Options Counseling Cases Opened	139	130	110	146	118	119	116					
	Cases Closed	79	131	157	163	137	170	124					
	Cases Continuing Open	1030	1029	574	557	538	487	479					
	Level of Care Determinations	385	338	357	433	429	444	402					
Transitions		October	November	December	January	February	March	April	May	June	July	August	September
F. Nursing Facility Transitions (All Types)	LTCC Initiated	35	14	11	13	7	24						
	Handed Off to Waiver	5	7	6	5	4	14						
	Handed Off to CIL	3	2	1	0	0	0						
	LTCC Completed	13	1	3	3	6	3						
	LTCC Continuing	14	15	16	18	13	19						
Emergent Requests		October	November	December	January	February	March	April	May	June	July	August	September
G. Needing Immediate OC Intervention		0	0	0	0	2	0	0					
SPE Staffing		October	November	December	January	February	March	April	May	June	July	August	September
H. Total Staff FTEs		28.95	28.95	30.45	30.45	31.45	31.45						
1. Direct Service	I and A Staff FTEs	2	2	2	2	2	2						
a	I and A Supervisors FTEs	0.2	0.2	0.2	0.2	0.2	0.2						
b	# of I & A Staff with AIRS Certification	2	2	2	2	2	2						
c	OT FTEs	0.75	0.75	0.75	0.75	0.75	0.75						
d	Options Counselors FTEs	18.5	18.5	20	20	21	21						
e	Options Counselor Supervisor FTEs	1	1	1	1	1	1						
	Housing Coordinator	1	1	1	1	1	1						
2. Administrative	Office Management FTEs	4.5	4.5	4.5	4.5	4.5	4.5						
a	Resource Database FTEs	1	1	1	1	1	1						
b	Certification	0	0	0	0	0	0						
c													
Boards		Summary Reports to be Sent at End of Fiscal											
I. Consumer Advisory Board	Number of Board Members												
1	Number of Meetings FY08/09												
2													
J. Governing Board	Number of Board Members												
1	Number Meetings FY08/09												
2													
K. Stakeholder Board/Council	Number of Members												
1	Number of Meetings FY08/09												
2	# of Number of Partnership Agreements												
3													
Attachments		Password protect is sending electronically!											
Submit separate Transition Report : Consumer Name and/or SvcPt #, DOB, Nursing Facility, Status (LTCC Initiated, HandOff to Waiver or CIL, LTCC Completed, LTCC Continuing).													
Submit separate Hospital Referral Report : Consumer Name and/or SvcPt #, Who Called, Call Date, OC Date, Family Decision Date, Actual Discharge Date, LOCD Required Prior to Discharge.													

WMLTCC (Single Point of Entry)
EFFICIENCIES/ COST BENEFIT
FY2008

Original projected annual site cost = \$3,400,000

Actual site cost for FY2007= \$1,271,224

Actual site cost for FY2008= \$2,025,418. (Budget for FY2008= \$2,635,000)

Amended budget for FY2009= \$2,646,127 (incl: statewide database administration)

THE LTCC BEGAN CONDUCTING LOCD's NOV. 1, 2007

Prior to November 2007, nursing facilities had been conducting their own level of care determinations. During calendar year 2006 approximately 5500 LOCDs were conducted in the West Michigan 12 county region. The denial rate was approximately .5%.

Based on the number of LOCDs conducted by WMLTCC during FY2008, the annualized number is about 4200. That is a 25% decrease. The denial rate for that year is approximately 2.5%. At an average cost of \$4500/month/ NF resident, this site will save the state \$4,560,000 in Medicaid costs annually. Each diversion or nursing facility transition saves \$54,000, minus the cost of any home/community based waiver service.

THE LTCC IS NOW MANAGING THE WAIVER WAITLIST

In November 2007, WMLTCC inherited and consolidated the Medicaid Waiver waiting lists from the three waiver agents in our region. We acquired software that allowed us to share the consolidated list with the waiver agents and manage it collaboratively. In the beginning, there was significant duplication on the lists: combined lists totaled 408 names. Within 45 days, the coordinated list contained 216 names of consumers waiting for services. The average has remained at about 225-250 since then. As a result of this collaboration, we are able to identify consumers more easily and get them services faster. Eventually, this clarity will be available statewide. We are also working with our partners to decrease the number of consumers eliminated from the waitlist prior to enrollment.

THE SERVICE DELIVERY SYSTEM IS BECOMING STREAMLINED

Any time a new player is inserted into an existing system, some confusion exists initially. When traditional duties are reassigned, some concerns arise. Over time, a degree of collaboration and cooperation develops if providers work at it. The LTCC is intended to bring the aging and disability communities together. The LTCC is designed to perform specific consumer services (provide unbiased information and assistance regarding options for long term care planning). In addition, due to the independent nature of its development, the LTCC has been assigned administrative functions to save money and create transparency. Any initial sense of duplication has given way to acceptance for the most part, and this will be ongoing. It takes several cycles to incorporate new processes.

THE LTCC PROVIDES SERVICES WHILE THE CONSUMER IS "WAITING".